

Name
in
Full

Alex. Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

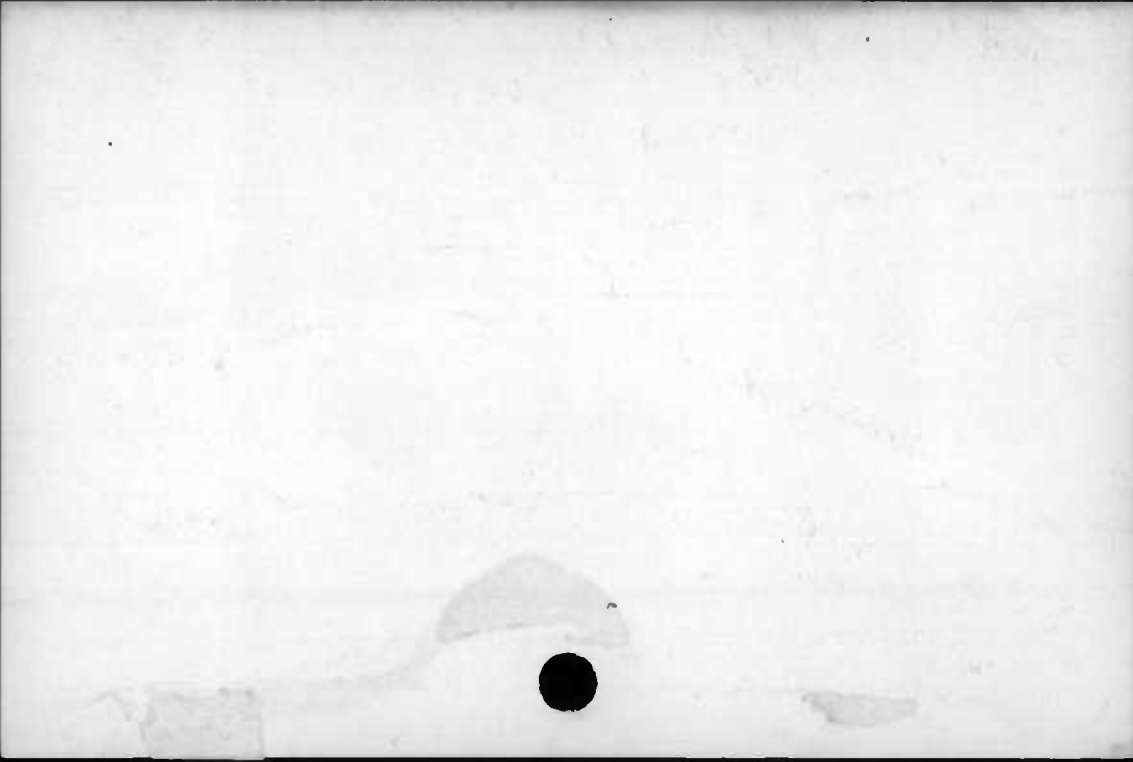
Died <i>from</i> <i>Pragely</i> ^{own}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1908	Month	4	Day	3
Age	60	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Ind.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Sarah Carpenter</i>			
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>Don't Know</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Don't Know</i>
Name of person giving information	<i>Samuel Brown</i>			How related to deceased	<i>Son-in-law</i>

CAUSES OF DEATH

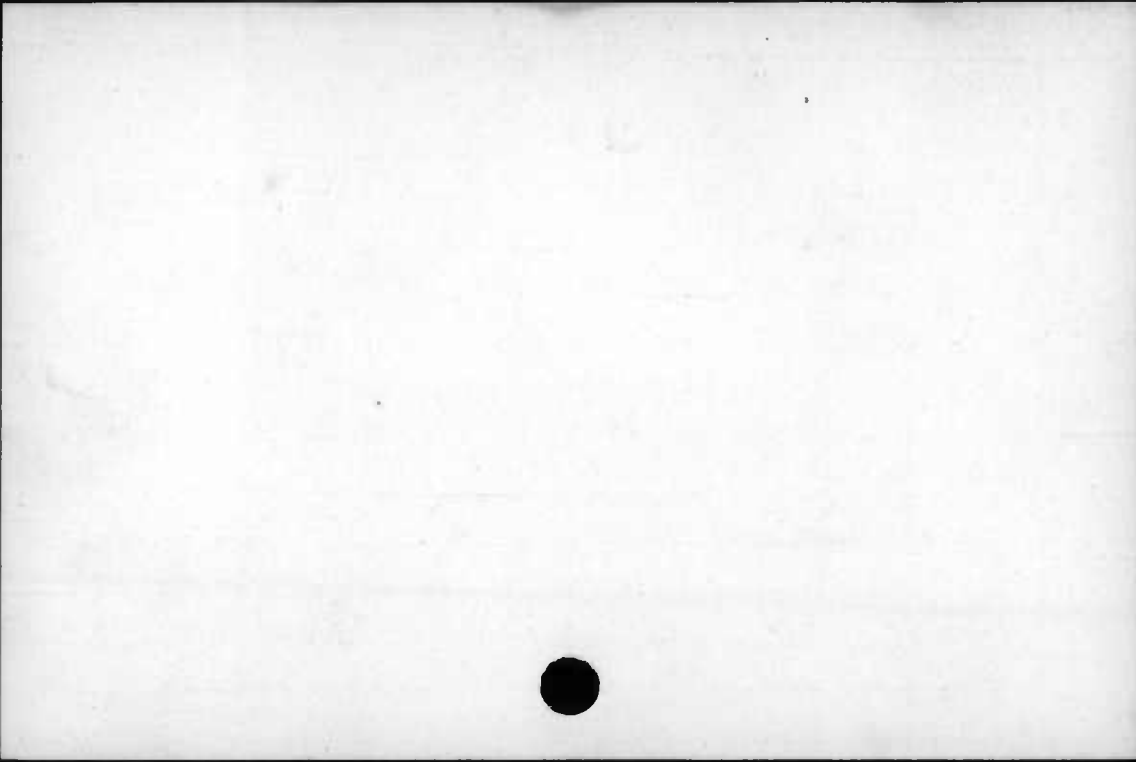
120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Intestinal Myofibrils</i>	How long	<i>Several years</i>
Immediate	<i>Chronic Wernicke</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. B. Brown, M.D.</i>	
		Address <i>Hillsboro, Ind.</i>	
Accident or Suicide? <i>Ind.</i>			



Name in Full Susan J. Clark		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at M. Ridgely <small>Town</small>	Barclay <small>County</small>	MARYLAND	
	Date of death 1908 Apr 26 <small>Month Day</small>	Age 64 <small>Years</small>	Months 2 Days —	
	Sex female	Color or Race colored	Birth-place Caroline Co	
	Occupation None	Where Residing if not at place of death		
	Married, Single or Widowed married	Name of Wife or Husband Wesley Clark		
	Father's Name James Carter	Father's Birthplace Caroline Co		
	Mother's Maiden Name Susan J. Carter	Mother's Birthplace Caroline Co		
Name of person giving information Marion H. Clark	How related to deceased son			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Phthisis	How long Don't know	(27)	
	Immediate Exhaustion	How long		
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician D. J. Moore	Address Ridgely Md	
	Accident or Suicide? No			



Name in Full		James Martin Dean				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Federalsburg		County Caroline		MARYLAND	
	Date of death		1908		Month Apr		Day 22	
	Age		64		Years		Months	
	Sex		male		Color or Race		white	
	Birth-place		md		Occupation		farmer	
	Where Residing if not at place of death				Married, Single or Widowed		married	
	Name of Wife or Husband		Elizabeth Dean		Father's Name		Elijah Dean	
	Father's Birthplace		md		Mother's Maiden Name		Mary Nichols	
PHYSICIAN OR CORONER	Mother's Birthplace		md		Name of person giving information		Elizabeth Dean	
	How related to deceased		wife		CAUSES OF DEATH		(40)	
	Primary		Liver		How long		2 years	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. H. Jefferson	
Address		Federalsburg		md				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Andover Town</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>4</u>	Day <u>18</u>	Years <u>13-</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Wetmore</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph A Gordon</u>				
Father's Name <u>John Williams</u>	Father's Birthplace <u>Wet</u>				
Mother's Maiden Name <u>Mary A. Adams</u>	Mother's Birthplace <u>Dal</u>				
Name of person giving information <u>Joseph A Gordon</u>	How related to deceased <u>husband</u>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Acute in digestion</u>	How long <u>One day</u>
Immediate <u>Same</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P R Fisher</u>
	Address <u>Denton</u>
Accident or Suicide? <u>No</u>	<u>md</u>



Name
in
Full

William H. Harding, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

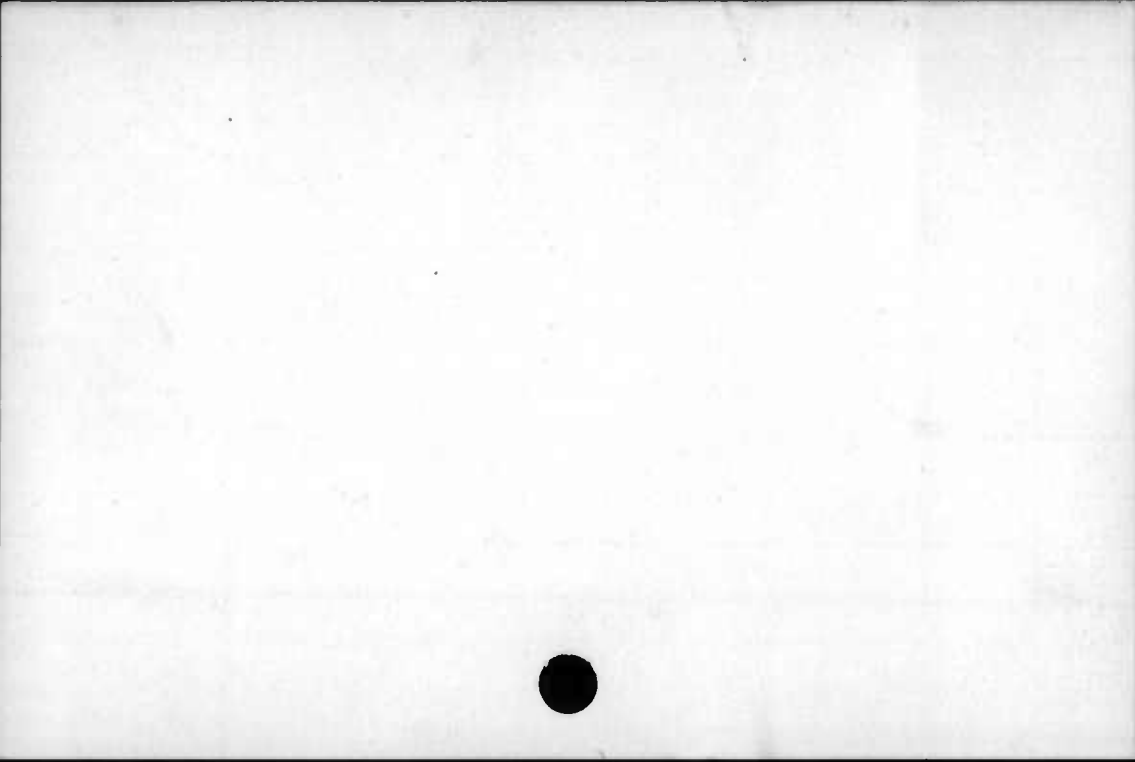
Died at ^{Town} near Preston		^{County} Caroline		MARYLAND	
Date of death	1908	Month	Apr.	Day	2
Age	78	Years	10	Months	24
Sex	male	Color or Race	white	Birth-place	Harlocks
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	widowed	Name of Wife or Husband	Elyza A. Dead.		
Father's Name	Donk Know		Father's Birthplace	—	
Mother's Maiden Name	Donk Know		Mother's Birthplace	—	
Name of person giving information	William H Harding Jr		How related to deceased	son	

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary	Fall 6 weeks ago		How long	
Immediate	Cystitis		How long	3 yrs.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. Noble M.D.
			Address	Preston Md.
Accident or Suicide?				



Name

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CERTIFICATE OF DEATH

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NEAREST FRIEND

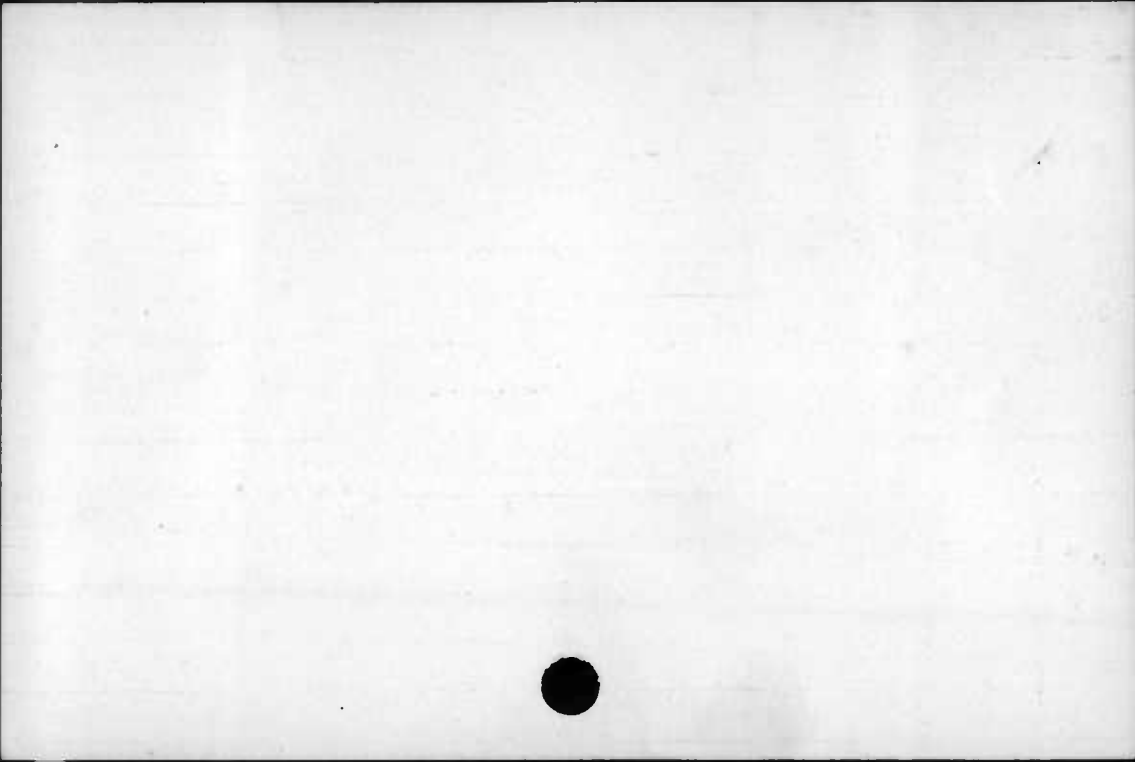
Died at <i>Ridgely</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>18</i>	Age <i>3</i> Years	Months <i>39</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ridgely</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Asberry Henry</i>			Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Grace Mathews</i>			Mother's Birthplace <i>11 11</i>		
Name of person giving information <i>Grace Mathews</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	How long
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely</i>
Accident or Suicide?	



Name
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Charles Johnson

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

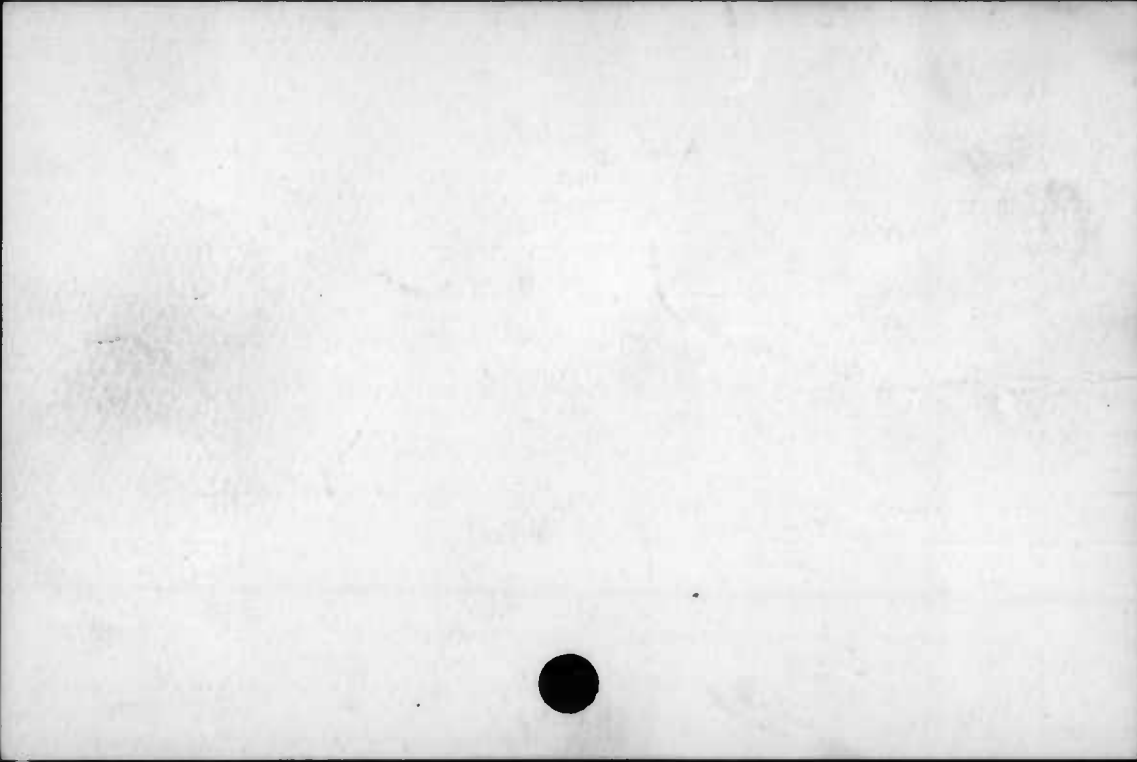
Died at <i>near Princeton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>April</i> ^{Month}	<i>12</i> ^{Day}	Age <i>11</i> ^{Years}	<i>4</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N.Y.</i>		
Occupation <i>School Boy</i>	Where Residing if not at place of death <i>Near Princeton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Joe Harris</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>15 days</i>
Immediate <i>Paralysis - Suppuration Heart</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond D. Owens</i>
	Address 
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary E Dickinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Dorchester ^{Town} Carroll ^{County}

Date of death 1908 4 ^{Month} 7 ^{Day} Age 87 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race Black Birth-place Dorchester Co.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Allen Dickinson

Father's Name Dr. J. K. K. Father's Birthplace Unknown

Mother's Maiden Name Dr. J. K. K. Mother's Birthplace Unknown

Name of person giving information Laura R. How related to deceased Daughter

CAUSES OF DEATH

154

Primary Old age How long —

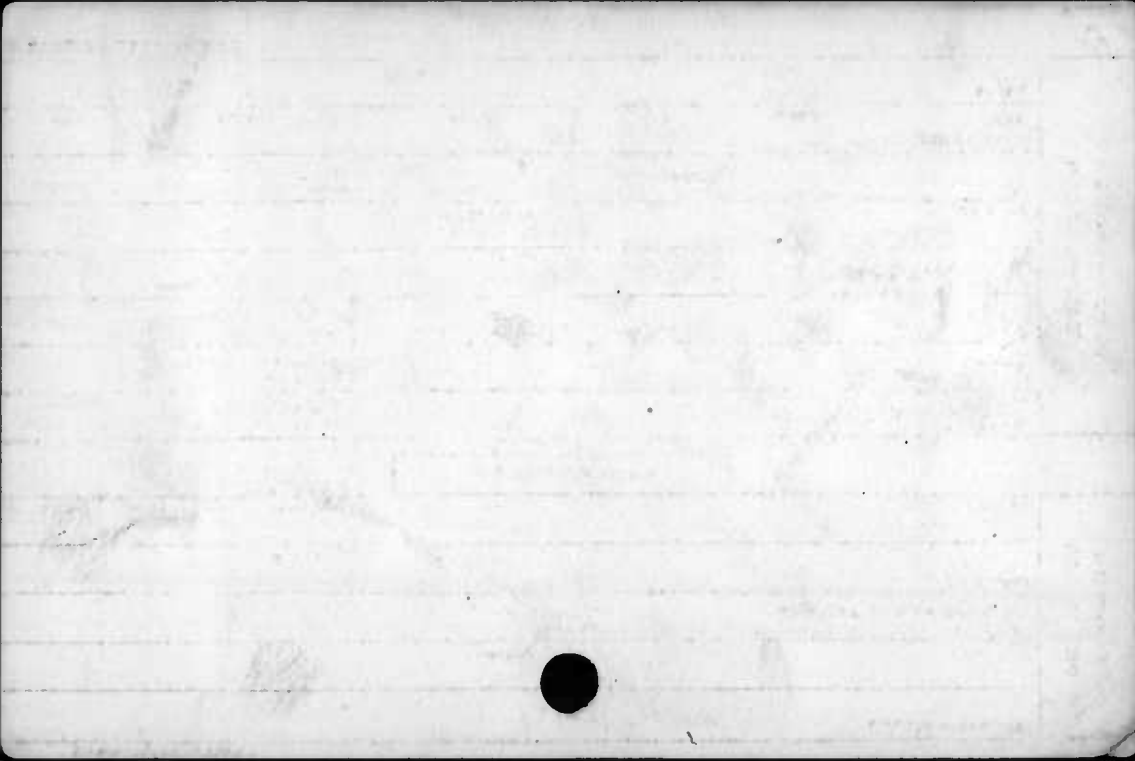
Immediate Heart Disease How long Unknown

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Nichols

Address Dorchester 42nd

Accident or Suicide?



Name
in
Full

Mary E. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

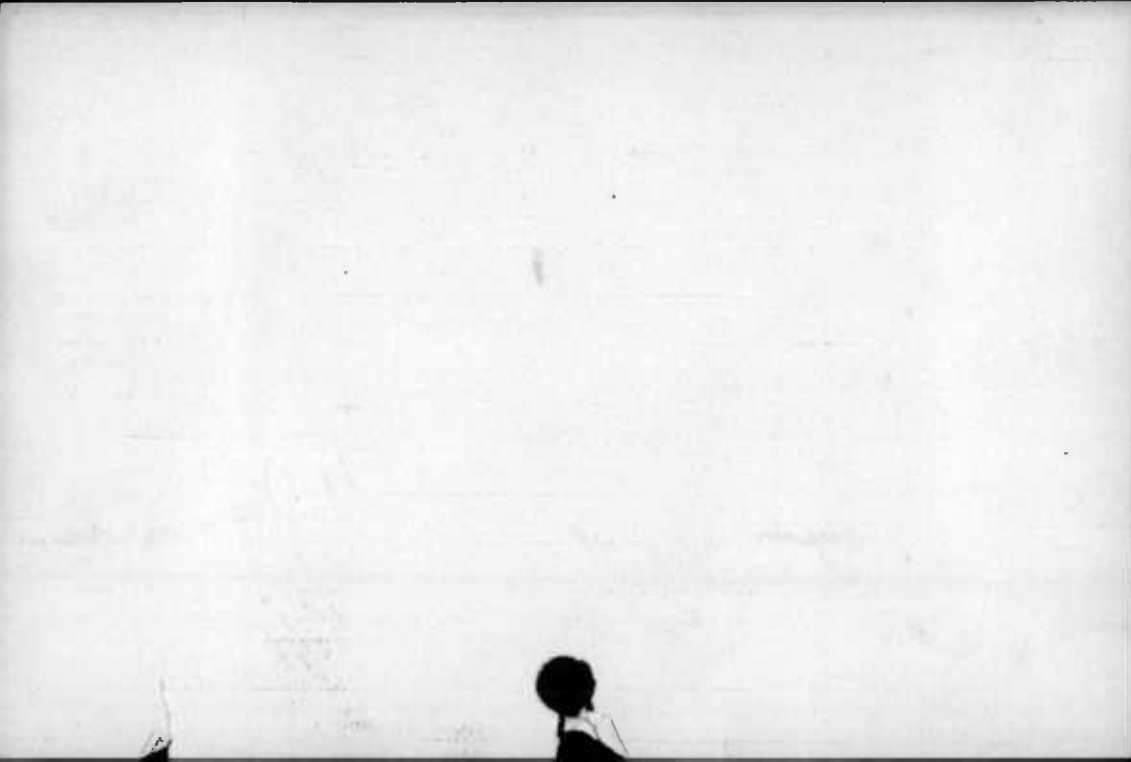
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1908	Month <i>April</i>	Day <i>25th</i>	Years <i>30</i>	Months <i>11</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Kent co Del.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ruby Mason</i>					
Father's Name <i>John H. Johnson</i>		Father's Birthplace <i>Kent co Del.</i>					
Mother's Maiden Name <i>Katherine Smith</i>		Mother's Birthplace <i>L.A. Ind.</i>					
Name of person giving information <i>L.E. Mason</i>		How related to deceased <i>Brother in law</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>3 weeks</i>
Immediate	<i>Anaemia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. P. Madara</i>	
		Address <i>Ridgely Md</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

Sister Mary Gertrude Pfaller -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *The Plains* - *Baroline* County

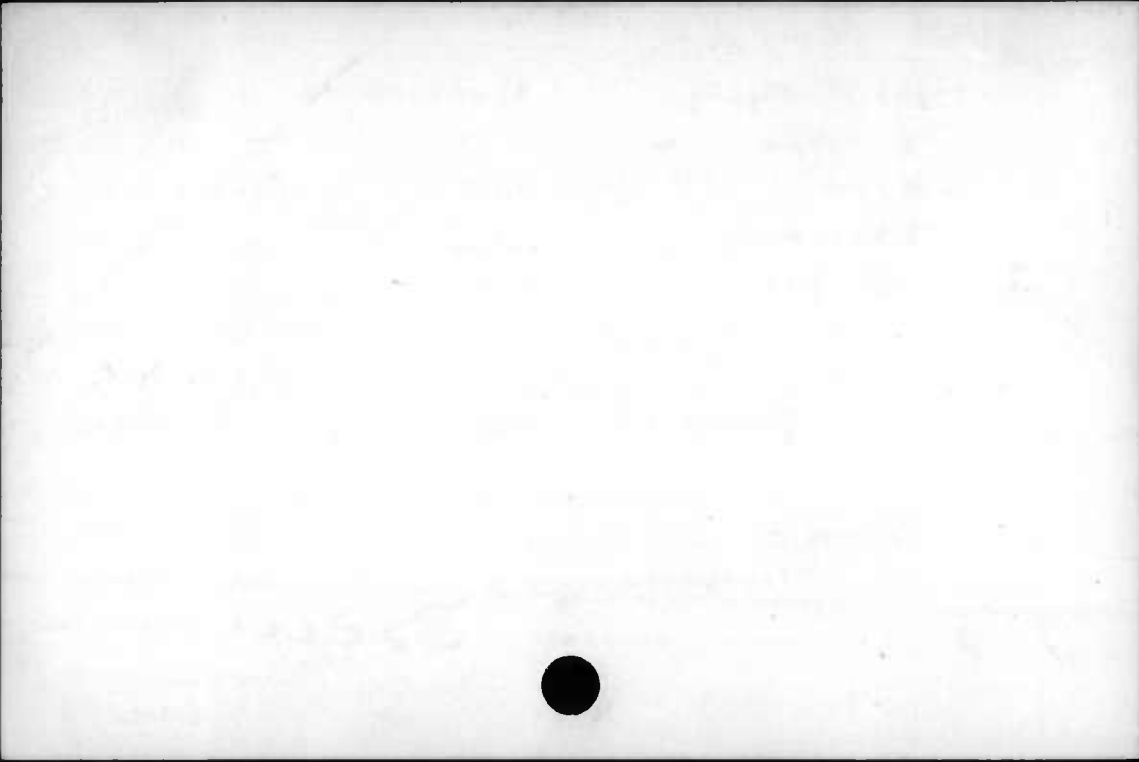
MARYLAND

Date of death *1908* Month *April* Day *20* Age *73* Years Months *4* Days *14*Sex *Female* Color or Race *Caucasian* Birth place *Beckenhoffer -*Occupation *Religious* - Where Residing if not at place of death *Ger.*Married, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Joseph Pfaller*Father's Birthplace *Germany*Mother's Maiden Name *Anna Ebel*Mother's Birthplace *Germany*Name of person giving Information *H. Dolores Berg*How related to deceased *None*

CAUSES OF DEATH

10

Primary *Grippe* - How long *3 weeks*Immediate *Exhaustion* - How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *S. S. Stone*Address *Ridgely Md*Accident or Suicide? *No*



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Ridgely</i>		Town <i>Caroline</i>		County <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>4</i>	Age <i>2</i>	Years <i>—</i>
	Sex <i>Male</i>	Color or Race <i>African -</i>		Birthplace <i>Outland.</i>	Months <i>—</i>
	Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Wm Royal</i>	Father's Birthplace <i>Antigua</i>			
	Mother's Maiden Name <i>Edith Ellier</i>	Mother's Birthplace <i>Ridgely "</i>			
Name of person giving information <i>Wm Royal</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Grip</i>	How long <i>3 weeks</i>			
	Immediate <i>Pneumonia</i>	How long <i>5 days</i>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. M. Allen</i>			
		Address <i>Greenwood</i>			
		<i>W.D.</i>			
Accident or Suicide?					

Will surely to
marry at
Ridgely

Name
in
Full

William Douglas Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} New Denton^{County} Caroline

Date of death 1908 Apr. 28

Age 19 yrs

Months —

Days —

Sex Male

Color or Race Black

Birth-place Talbot Co.

Occupation Laborer (farm)

Where Residing if not at place of death —

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name Mal. Gardner

Father's Birthplace Dent Kent

Mother's Maiden Name Lizzie Brown

Mother's Birthplace Talbot Co.

Name of person giving information Mrs. Henry Smith

How related to deceased Step-father

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis

How long 4 months

Immediate Hemorrhage & Exhaustion

How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. M. B. Rowe, M.D.

Address Hillsboro, Md.

Accident or Suicide? No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

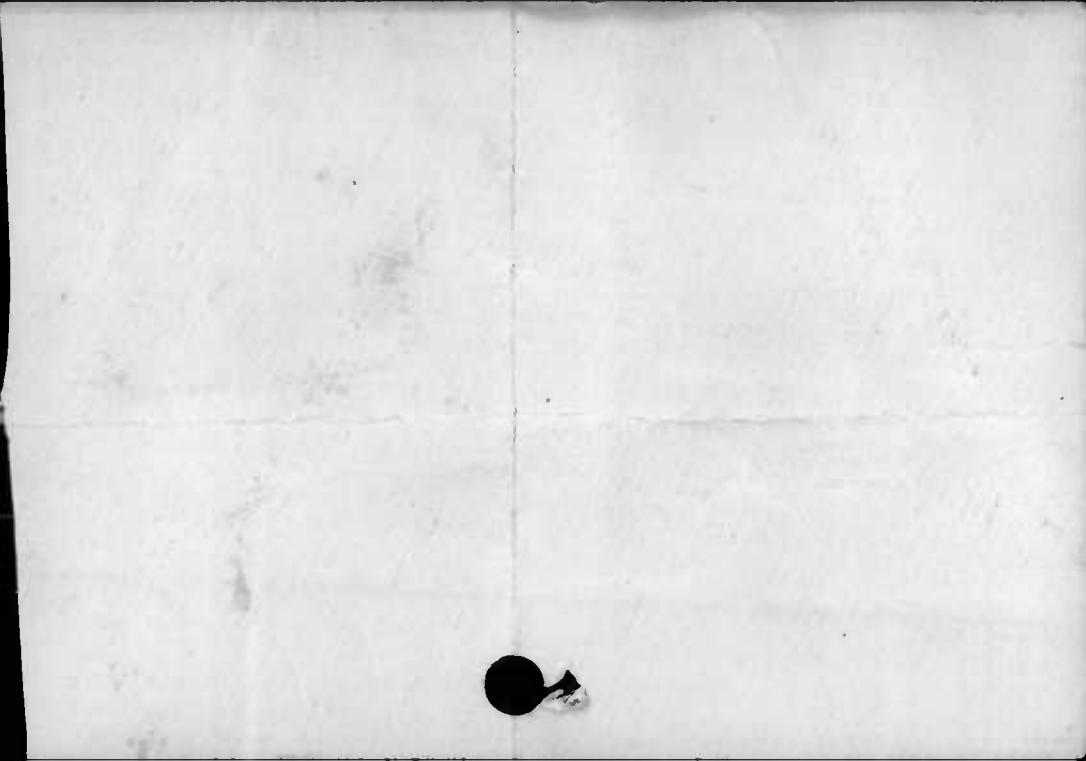
MARYLAND

Name *Jacob Stockley* Town *Mar. Henderson* County *Caroline*Died at *Mar. Henderson* Date of death *1908* Month *4* Day *4* Age *74* Years Months DaysSex *Male* Color or Race *White* Birthplace *Delaware*Occupation *Farmer* Where Residing if not at place of death *-*Married, Single or Widowed *Married* Name of Wife or Husband *Eliza A. Stockley*Father's Name *Woodman Stockley* Father's Birthplace *Delaware*Mother's Maiden Name *Sarah A. Coldsott* Mother's Birthplace *Delaware*Name of person giving information *Emma Suward* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *Valvular Heart-disease* How long *one year*Immediate *-* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Smith*Address *Frederickville*Accident or Suicide? *-*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

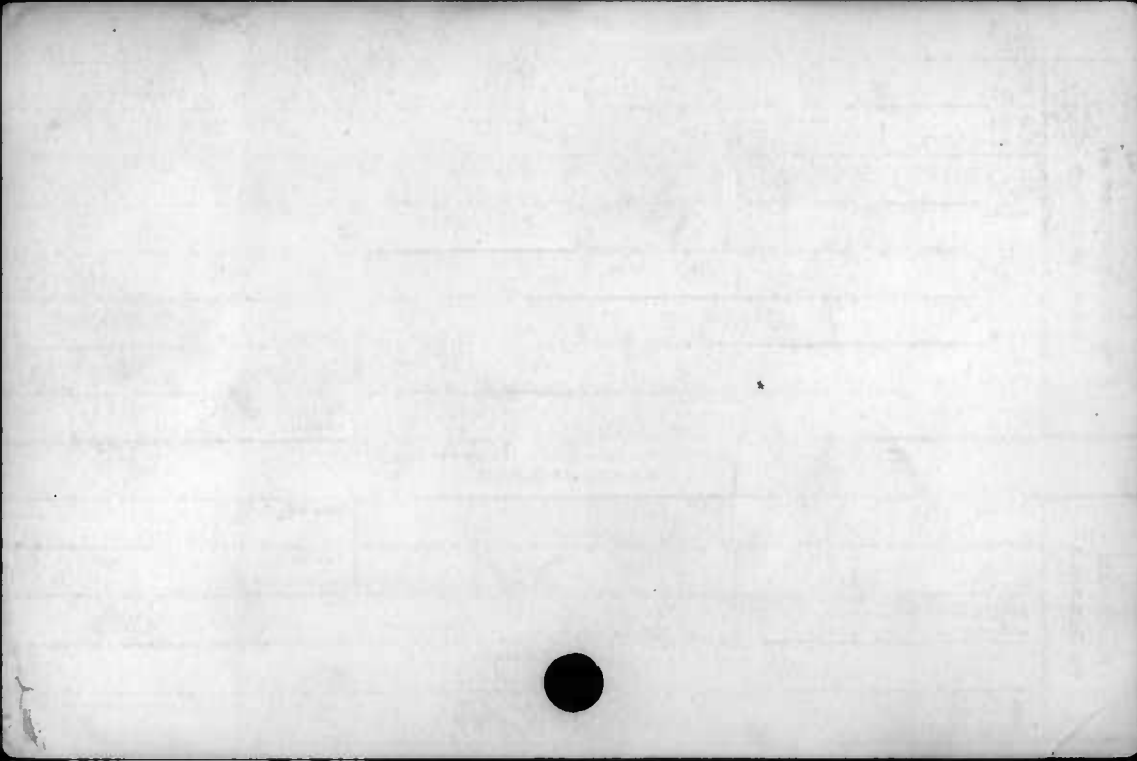
Died at <i>Near Brunswick</i>		Town <i>Caroline</i>		County		MARYLAND					
Date of death <i>1908</i>		Month <i>April</i>		Day <i>26</i>		Age <i>10</i>		Months <i>—</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Dark</i>		Birth-place <i>Caroline Co Md</i>							
Occupation <i>Schoolgirl</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>									
Father's Name <i>William Howard Swiggett</i>		Father's Birthplace <i>Caroline Co. Md</i>									
Mother's Maiden Name <i>Mary Rebecca Barney</i>		Mother's Birthplace <i>Id</i>									
Name of person giving Information <i>H. H. Swiggett</i>		How related to deceased <i>Father</i>									

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>		How long <i>One Month</i>	
Immediate <i>Heart Failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. J. Carpenter</i>	
Accident or Suicide? <i>No</i>		Address <i>Brunswick, Md.</i>	



Name

In
Full

CERTIFICATE OF DEATH

Nancy Thomas

Town

County

MARYLAND

Died at

Federalburg

Caroline

Date

Month

Day

Age

Years

Months

Days

of death 1908 Apr 10

Age 90

Sex

female

Color or
Race

white

Birth-
place

md

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Mrs Thomas

Father's
Name

unknown

Father's
Birthplace

md

Mother's
Maiden Name

unknown

Mother's
Birthplace

md

Name of person giving
In formation

W J Sherlock

How related
to deceased

son in law

CAUSES OF DEATH

Primary

Paralysis

How long

4 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

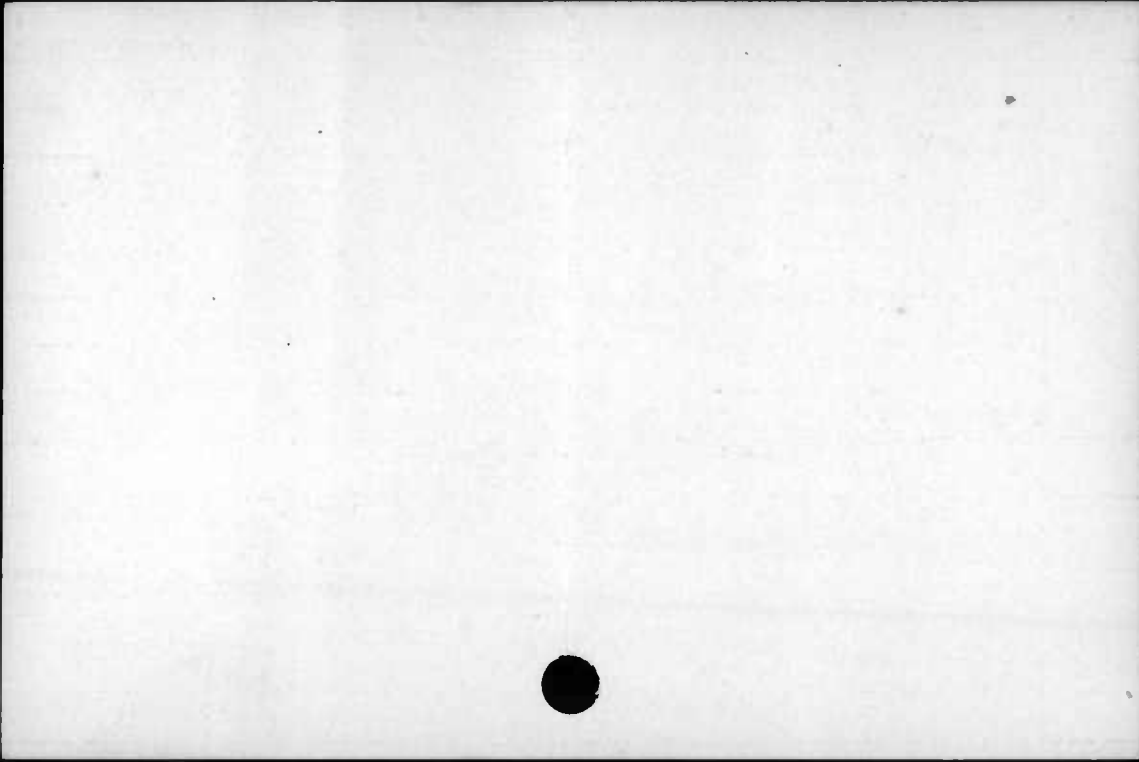
Signature of
Physician

Address

R Kemp Jefferson
Federalburg
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry White*

Town *Federalburg* County *Caroline* MARYLAND

Died at *Federalburg*

Date of death *1908* Month *Apr* Day *3* Age *Years* Months *6* Days *6*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Harry White* Father's Birthplace *Del*

Mother's Maiden Name *Annie Evans* Mother's Birthplace *Va*

Name of person giving information *Harry White* How related to deceased *father*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary *Premature* How long *6 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R Kemp Jefferson*

Address *Federalburg md*

Accident or Suicide?



Name
in
Full

Eliza Jane Wooters

CERTIFICATE OF DEATH

Town

Died at Hickman

County

Caroline

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908 April

5#

Age 65 or 66

Sex

Female

Color or
Race

White

Birth-
place

Maryland.

Occupation

Housewife

Where Residing if not
at place of death

Hickman.

Married, Single
or WidowedName of Wife or
Husband

James W. Wooters

Father's
Name

James Covey

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Andrew

Mother's
Birthplace

Maryland

Name of person giving
Information

James W. Wooters

How related
to deceased

Husband.

CAUSES OF DEATH

66

Primary

Paralysis & complications

How long One year

Immediate

How long

About a Year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Theofanis
Burrville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

